2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #	P97000034494
DOCOMENT#	F37000034494

Entity Name

OLMI'S SALON CORPORATION



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90317 026 ***150.00

Principal Place of Business 334 S.W. 12TH AVENUE MIAMI FL 33130 Mailing Address 334 S.W. 12TH AVENUE MIAMI FL 33130 MiAMI FL 33130 2. Principal Place of Business 3. Mailing Address			334 S.W. 12TH AVENUE								
Suite, Apr	t. #, etc.	Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City 8	City & State			4. F	4. FEI Number 65-0748103 Applied For				
Zip	Country	Zip	Zip Country			5. C	Certificate of Status Desired		3.75 Ad e Require		1
6. Name and Address of Current		Registered	Registered Agent			7. Name and Address of New Registered Agent					┨
			engers por the color		Name					· · · · · · · · · · · · · · · · · · ·	7
DIAZ, MIREYA G 334 S.W. 12TH AVENUE					Street Address (P.O. Box Number is Not Acceptable)						4
Miami Fi	L 33130			ſ			······································		·	· <u>· </u>	1
	<u>; </u>				City		- , , , , , , , , , , , , , , , , , , ,	FL	Zip Coc		1
the obliga	e named entity submits this statement f tions of registered agent.	or the purpos	e of changing its re	egistered	d office or register	red age	ent, or both, in the State of Florid	da. I am fam	iliar with,	and accept	1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applica	able. (NOTE: F	Registered :	Agent signature required	d when rein	nstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State			<u> </u>		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.0 Added	0 May Be to Fees	
10.		OFFICERS AND DIRECTORS			··	ADD	DITIONS/CHANGES TO OFFIC	ERS AND DIF	RECTOR	S IN 11	┨
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, MIREYA G 334 S.W. 12TH AVENUE MIAMI FL 33130	S.W. 12TH AVENUE		TITLE NAME STREET CITY-S	ADDRESS ST-ZIP) Change	Addition	100,000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, SILVERIO G 334 S.W. 12TH AVENUE MIAMI FL 33130		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP				Change	Addition	1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	er i vide enemganganamini de de langu e i i i i i i i i i i i i i i i i i i		- Delete	- Title Name Street City-St	ADDRESS T-ZIP				Change	Addition	
TITLE NAME Street address City-St-Zip			☐ Delete	TITLE NAME STREET	ADDRESS 1-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP			☐ Delete	TITLE NAME STREET /	ADDRESS 1-ZIP			. 🔲	Change	☐ Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS - ZIP				Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trugtee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the corporation or the receiver or trugtee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

(305)642-3383